



Adult New Member Information Sheet

Name: _____
First Middle Last

Home Address: _____

Mailing Address (If different than physical address): _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please indicate if we may or may not publish the previous information in future church directories:

Home Address	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Mailing Address	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Home Phone	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Cell Phone	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Email	Yes <input type="checkbox"/> or No <input type="checkbox"/>		

Birthdate: _____ Year (only for church records/statistics; not publication): _____

Occupation: _____ ☐ **Indicate if Retired**

Marital Status: _____

Emergency Contact: _____ Phone: _____

Relation: _____

Tell us about yourself. Where you are from, where you lived before. Your hobbies and interests. Places where you'd like to serve in the work of the church. _____

Share with us the reason you decided to become a member of College Place United Methodist Church. _____

Please indicate your way of joining College Place United Methodist Church:

☐ **Profession of Faith:** You've never been Baptized, and/or have never gone through the confirmation process as a youth. Upon joining, you will profess your faith for the first time in Jesus Christ, become his disciple. You desire to become a member of College Place United Methodist Church and support this congregation with your time, talents, gifts, service and witness.

☐ **Reaffirmation of Faith:** If you have been baptized and confirmed into membership or baptized and became a full member of a church previously, but your faith became inactive (not participating) for long while or are not currently on any membership list of a congregation. But now you wish to reaffirm your belief in Jesus Christ and become his disciple, and desire to become a member of College Place United Methodist Church and support this congregation with your time, talents, gifts, service and witness.

☐ **Transfer of Membership:** If you have been baptized or baptized and confirmed and have an active membership in any Protestant church but wish to be a member of College Place United Methodist Church and support this congregation with your time, talents, gifts, service and witness. Are you currently a member of another church.

Are you Baptized: **Yes** ☐ or **No** ☐

If Yes: _____
Church where Baptism occurred Pastor who Baptized Date of Baptism

Were you Confirmed: **Yes** ☐ or **No** ☐

If Yes: _____
Church where Confirmation occurred Pastor who Confirmed Date of Confirmation

If you are a member of another church:

Name of Church Address for letter of transfer request Date you became a member

Signature Date

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OFFICE USE ONLY

Copies in : __New Member File

__Newsletter Announcement Date: _____

__Computer Member Database

Transfer Letter Needed? ____, Date Requested _____

Transfer Letter Received? _____

Date Joined: _____